



VIRGINIA INITIAL REFUGEE HEALTH ASSESSMENT QUICK REFERENCE GUIDE

All refugees should have a comprehensive health assessment within 30-45 days of arrival in Virginia. The purposes of the screening are to ensure follow-up of medical conditions identified during the overseas medical exam, to identify persons with communicable diseases of potential public health significance and to identify personal health conditions that adversely impact effective resettlement. After the exam, complete the Virginia Department of Health Initial Refugee Health Assessment Form and return it to the **State Newcomer Health Program**.

THIS SCREENING SHOULD INCLUDE:

Disease or Condition	Level 1 –Required Screenings
General Health	Assess general health by reviewing overseas health records, medical history and performing a general physical exam to access <u>current</u> health status (check height/weight to determine nutritional status, blood pressure, vision, and hearing).
Tuberculosis (TB)	<p>Perform a tuberculin skin test (TST) for all individuals regardless of BCG history, unless documented previous positive test. Pregnancy is not a medical contraindication for TST testing or for treatment of active or latent TB. TST administered prior to 6 months of age may yield false negative results. A chest x-ray should be performed for all individuals with a positive TST.</p> <p>A chest x-ray should also be performed <u>regardless of TST results</u> for:</p> <ul style="list-style-type: none"> Those with a TB Class A or B designation from overseas exam, and Those who have symptoms compatible with TB disease. Those with HIV infection Assure comparison with overseas film if available
CBC	CBC with differential is required for all refugees. Collect an H& H at minimum if Unable to obtain a full CBC on refugees' ≤ 5 years of age.
Immunizations	<p>Evaluate immunization history and review all available related overseas documentations. If no documentation, assume patient is unvaccinated. Those vaccines required based on the refugee's age must be administered.</p> <ul style="list-style-type: none"> Provide vaccinations per the Advisory Committee on Immunization (ACIP) guidelines for child or adult schedule indicated at: http://www.cdc.gov/vaccines/schedules/index.html Note: Refugees are required to have certain vaccinations for adjustment of status (done by U.S. Citizenship and Immigration Services- one year post U.S. arrival). For more information follow the following link: http://www.cdc.gov/ncidod/dq/civil_ti_vacc.htm HPV vaccine is only available at Local Health Districts for children < 19 years of age who are eligible for the Vaccine for Children Program.

Disease or Condition	Level 2 - Recommended Screenings
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Hepatitis B Hepatitis B testing may be indicated for refugees from Africa, Asia, and Eastern Europe including the countries of the former Soviet Union or if symptomatic. Screen for Hepatitis B surface antigen (HBsAg) and Hepatitis surface antibody (anti-HBs).

- Refer individuals with positive (HBsAg) to a primary care provider for Further evaluation and treatment recommendations.
- For additional information follow this link: WHO World Health Organization, Hepatitis B at:

<http://www.who.int/mediacentre/factsheets/fs204/en/>

Intestinal Parasites Evaluate and assess the following individuals for possible intestinal parasite infection: refugees from Africa, Asia, Eastern Europe including the countries of the former Soviet Union, children ≤ 5 years of age; symptomatic individuals (S/S: abdominal pain, diarrhea, etc.), people with eosinophilia; and other groups who may be identified as being unusually high risk.

- For suspect infection, obtain two stool samples for ova and parasites (O&P).
- For uncomplicated positive parasite results, clinicians should discuss with patient and treat accordingly.
- Patient treatment and management will vary based on identified parasitic infection.
- For additional information follow this link: CDC, Division of Parasitic Diseases at: www.cdc.gov/ncidod/dpd

Malaria Screen those refugees who present with symptoms suspicious of malaria. For symptomatic refugees from highly endemic areas, i.e., sub-Saharan Africa, screen or presumptively treat if no documented pre-departure therapy (note contraindication for pregnant or lactating women and children ≤ 5 kg)

HIV & STIs HIV screening of all refugees 13-64 years of age on arrival is recommended in accordance with the U.S. Centers for Disease Control and Prevention (CDC). The Division of Global Migration and Quarantine (DGMQ) encourages screening of all refugees on arrival, including those ≤ 12 years and ≥ 64 years of age. Screen refugees who present with signs, symptoms or history of STI. If treatment is necessary, refer to your Local Health District (LHD) STD clinic.

Other Recommended Health Issues to Consider

Malnutrition, chronic/non-communicable diseases, nutrition deficiencies, thyroid disease, dermatologic abnormalities, hepatitis C, history of trauma or physical injury, mental health concerns (e.g. headaches, nightmares, depression) and STI. Blood lead level testing is recommended for all refugee children who are 6 months to 16 years old within 90 days of arrival in the U.S. After the initial health screening is completed, refer the client to a primary care provider and to the appropriate public health programs for follow-up care and treatment if indicated.

Important Note: LHDs are allowed to bill Medicaid only for VA Vaccine for Children (VVC) vaccine administration fees and for brief office visits if applicable. Services not covered as part of the initial refugee health assessment may also be billed to Medicaid.

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